

## NOTICE OF PROPOSED RULE ADOPTION STATE OF MISSISSIPPI MISSISSIPPI STATE BOARD OF HEALTH

## MISSISSIPPI SECRETARY OF STATE

c/o Judy Moulder P. O. Box 1700	of Rule: Miss. Code of 1972 Ann. § 41-57-3
Jackson, MS 39215-1700	
601-576-7961	Reference to Rules repealed, amended or suspended by
Telephone Number	the Proposed Rule:
jmoulder@msdh.state.ms.us	Rules Governing the Registration and Certification
Email Address	of Vital Records
	of Vital Events was last revised in August 1994. At this time some taff. In addition, a new fee schedule is being proposed at
TOWN TO SHIP TO THE SHIP TO SH	
address. Persons making comments should include th	orary Rule (Check one or both boxes as applicable.) by addressing written comments to the agency at the above seir name and address, as well as other contact information, and d telephone number of the party or parties you represent.
	e on Date: August 1, 2007 at Time: 4:00 p.m. at h, Osborne Bldg, 570 E. Woodrow Wilson Blvd, Jackson, MS
	ee at the oral proceeding you must make a written request to the
	days prior to the proceeding to be placed on the agenda. The
	telephone number as well as other contact information; and if you and telephone number of the party or parties you represent.
will be held if a written request for an oral p (10) persons. The written request should be twenty (20) days after the filing of this notion	rule. Where an oral proceeding is not scheduled, an oral proceeding proceeding is submitted by a political subdivision, an agency or ten submitted to the agency contact person at the above address within ce of proposed rule adoption and should include the name, address ting the request; and if you are an agent or attorney, the name, or parties you represent.
Economic Impact Statement (Check one box below):	
□ The agency has determined that an economic impact statement is not required for this rule, or	
☐ The concise summary of the economic imp	act statement required is attached.
Date Rule Proposed: July 11, 2007	Proposed Effective Date of Rule: September 7, 2007
Judy Moulder, Bureau Director II, Health Statistics	Smalle

Signature

Printed Name/Title of Person Submitting Rule for Filing